THIS SECTION TO BE COMPLETED BY PATIENT

PROTECT YOUR HEALTH

In order to provide you with the best possible care, we have to ask you some very personal questions. Please take a few minutes to answer the questions on this page. You may be embarrassed but your answers are very important and will help us provide better care to you. **Please give this form to your medical provider when you are finished**.

Your answers are completely confidential, so please answer as accurately as you can.

1. Why are you here today? _____

_____

2. Over the past 3 months, did you have sex with anyone (oral, anal, or vaginal sex)?
❑ No ❑ Yes **If no, skip a, b and c.**

a. How many **different** sex partners did you have in past 3 months?
_____# males _____# females

b. Have you had any **main** sex partners in the past 3 months (someone you are committed to)?
❑ No ❑ Yes **If yes**, how many? _____

c. Have you had any **occasional** sex partners in the past 3 months?
❑ No ❑ Yes **If yes**, how many? _____

3. Were you told you had a sexually transmitted disease other than HIV in the past 3 months (e.g., chlamydia, syphilis, gonorrhea)?
❑ No ❑ Yes

4. Did you smoke any crack or use crystal meth or alcohol before or during sex in the past 3 months?
❑ No ❑ Yes

5. Have you injected any drugs or medicines not prescribed by a medical provider in the past 3 months?
❑ No ❑ Yes

6. Have you taken medications for your mood, emotions, or nerves in the past 3 months?
❑ No ❑ Yes

7. Has depression, worry, or a bad mood disrupted your daily life during the past 3 months?
❑ No ❑ Yes

8. For women only: Are you pregnant now or thinking about getting pregnant in the future?
❑ No ❑ Yes Date of last menstrual period:_____

9. For men and women: Are you doing anything to prevent pregnancy?
❑ No ❑ Yes

10. Is there anything about sex, drugs, or mental health that you want to talk about today?
❑ No ❑ Yes

_____
_____
_____

We encourage you to talk to the medical staff about your concerns and ask any questions you may have. All information is kept strictly confidential.

PREVENTION IS CARE
Protect Yourself. Protect Others.

THIS SECTION TO BE COMPLETED BY PROVIDERS ONLY

SUGGESTED DISCUSSION TOPICS

Any oral sex, anal sex, or vaginal sex?
Receptive or insertive? Main or casual partner? Partner serostatus? Condom or barrier used? How often?

Any injection drug use?
Shared needles/works/cottons or water? Shared with main partner? Shared with casual contacts?
Serostatus of persons patient shared needle/works with?

Pregnancy
Considering trying to become pregnant? Serostatus of partner?
Using any contraception?

RISK REDUCTION PLAN (Check all that apply)

Partner Choice Strategies Disclosure/Communication Strategies

- ❑ Avoid places/people that cause you to take risks
- ❑ Choose partners who are also HIV positive
- ❑ Identify people you can talk to
- ❑ Eliminate/reduce casual partners
- ❑ Tell partners you have HIV
- ❑ Ask partners if they have HIV
- ❑ Talk to partner about safer sex

Condom/Barrier Use Drug-related Strategies

- ❑ Always carry condoms/barrier
- ❑ Increase use of condom/barrier
- ❑ Don't share needles/works/cottons/water
- ❑ Have needle exchange options
- ❑ Use clean needles/works

Reduce Sexual Episodes

- ❑ Reduce or don't use drugs/alcohol with sex
- ❑ Reduce episodes of anal intercourse
- ❑ Reduce episodes of vaginal intercourse
- ❑ Do mutual masturbation only–no exchange of body fluids
- ❑ Choose not to have sex
- ❑ Don't share sex toys
- ❑ Other _____

❑ **Continue current risk reduction plan**

Referrals

- ❑ Prevention Counseling
- ❑ Prevention Case Management
- ❑ Case Management
- ❑ Reproductive Health Planning
- ❑ None
- ❑ Other _____
- ❑ Mental Health
- ❑ Substance Abuse Counseling
- ❑ Domestic Violence Prevention
- ❑ PCRS (Partner Counseling and Referral Services)/Partner Notification
- ❑ Food
- ❑ Housing
- ❑ Financial

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